						-			
Fill	in this informa	ation to identify yo	our case:						
Deb	Christopher M Mattis, Sr.						Check if this is:		
						_	An amended filing		
	otor 2	Linda L Matt	tis				A supplement shov 13 expenses as of	ving postpetition chapter	
(Sp	ouse, if filing)						13 expenses as or	the following date.	
Unit	ted States Bankı	ruptcy Court for the	EASTE	RN DISTRICT OF PENNS	SYLVANIA	Ī	MM / DD / YYYY		
Cas	se number 20	0-11261							
(If k	known)								
0	fficial Fo	rm 106J				•			
		J: Your	Exper	ises				12/1	
Be	as complete ormation. If m	and accurate as	s possible eded, atta	. If two married people and the contract of th				or supplying correct	
Par		ribe Your House	ehold						
1.	Is this a joir								
	□ No. Go to								
			in a separ	ate household?					
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Debt	or 2.		
_									
2.	-	e dependents?							
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.			Son		8	■ Yes	
					_			□ No	
					Son			Yes	
					Son		45	□ No	
					Son		15	■ Yes □ No	
					Son		16	■ Yes	
3.	Do vour ext	penses include		No				■ res	
	expenses o	f people other t d your depende	than $_{\square}$	Yes					
		nate Your Ongoi							
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp					
Inc	lude expense	es paid for with	non-cash	government assistance i	f vou know				
the	value of suc	h assistance an		cluded it on Schedule I:			Vour ovn	onooo	
(Ot	ficial Form 10)61.)					Your exp	enses	
The rental or home ownership expenses for your residence payments and any rent for the ground or lot.					nclude first mortgag	e 4. \$		1,200.00	
	If not include	ded in line 4:							
	4a. Real e	estate taxes				4a. \$		0.00	
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
				upkeep expenses		4c. \$		200.00	
_		eowner's associa			ma aguite la	4d. \$		0.00	
5.	Auditional I	mortgage paym	ents for yo	our residence , such as ho	ine equity loans	5. \$		0.00	

Christopher M Mattis, Sr.			
Linda L Mattis	Case numb	oer (if known)	20-11261
	60	¢	250.00
•		·	250.00 80.00
		· .	
		·	500.00
		·	0.00
		*	1,500.00
		·	0.00
	-	·	95.00
•			150.00
•	11.	\$	75.00
	12.	\$	250.00
	13.	\$	50.00
	14.	\$	0.00
•		·	
ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	\$	80.00
Health insurance	15b.	\$	0.00
Vehicle insurance	15c.	\$	200.00
Other insurance. Specify:	15d.	\$	0.00
es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
cify:	16.	\$	0.00
1 /			
Car payments for Vehicle 1	17a.	\$	547.00
Car payments for Vehicle 2	17b.	\$	0.00
Other. Specify:	17c.	\$	0.00
Other. Specify:	17d.	\$	0.00
		•	0.00
	18.	·	
		\$	0.00
		_	
			0.00
			0.00
		·	0.00
·		·	0.00
		·	0.00
		·	0.00
er: Specify:	21.	+\$	0.00
culate your monthly expenses			
		\$	5,177.00
Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		\$	5,177.00
• • • •		T	0,177100
		•	
			6,058.79
Copy your monthly expenses from line 22c above.	23b.	-\$	5,177.00
Subtract your monthly expenses from your monthly income			
The result is your <i>monthly net income</i> .	23c.	\$	881.79
and a vessel on insurance and a vessel in the control of the contr	ou file 4h!-	farm?	
			ease or decrease because of a
	. mortgage p	aymont to more	acc of acciouse because of a
, , ,			
es. Explain here:			
	ties: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services lical and dental expenses sportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Uther insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. city: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). er payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). er payments you make to support others who do not live with you. cify: er real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: utalate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses Add line 22a and 22b. The result is your monthly expenses. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly net income. Subtract your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses in your expenses within the year after your	Linda L Mattis Case numbrities Ities: Electricity, heat, natural gas 6a. Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. d and housekeeping supplies 7. d care and children's education costs 8. shing, laundry, and dry cleaning 9. sonal care products and services 10. lical and dental expenses 11. sportation. Include gas, maintenance, bus or train fare. 12. tot include car payments. 12. ratinement, clubs, recreation, newspapers, magazines, and books 13. iritable contributions and religious donations 14. irance. 15b. tot include insurance deducted from your pay or included in lines 4 or 20. 15c. cife insurance. 15c. vehicle insurance 15c. Other insurance. Specify: 15c. es. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. cify: 11. 15c. Car payments for Vehicle 1 </td <td>Linda L Mattis Case number (if known) tites: Electricity, heat, natural gas Electricity, each gas, gas, gas, gas, gas, gas, gas, gas,</td>	Linda L Mattis Case number (if known) tites: Electricity, heat, natural gas Electricity, each gas, gas, gas, gas, gas, gas, gas, gas,